

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40148

BIRTH NO. _____		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 6289		Registrar's No. 85			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gashland				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gashland					
d. FULL NAME OF HOSPITAL OR INSTITUTION D Street & Hillcrest				d. STREET ADDRESS (If rural, give location) D Street & Hillcrest					
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) Berridge		c. (Last) Berridge		4. DATE OF DEATH (Month) (Day) (Year) 12 6 50			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 27, 1861			
9. AGE (In years last birthday) 89		10. MONTHS 1		11. DAYS 10		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) Unk				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Unk				13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE J.W. Berridge			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Anway 10201 Truman Rd K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Asphyxia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 34x	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>D. J. Pate M.D. Surgeon</i>				23b. ADDRESS North Kansas City, Mo.		23c. DATE SIGNED 12/10/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1950 December 15		24c. NAME OF CEMETERY OR CREMATORY Barry Cemetery		24d. LOCATION (City, town, or county) (State) Barry, Missouri			
DATE REC'D BY LOCAL REG. Dec 14-50		REGISTRAR'S SIGNATURE <i>Beulah Kitchen</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SONS North Kansas City, Missouri					

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. 393

Signed John T. Henick Jr.
Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 4586

P. O. Address Arundale, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.